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## Certificate of Mailing

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Guy Beardsley

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## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR §1.53(b)

Attorney Docket Number	50106/005001
Applicants	Gregory P. Crawford, Christopher C. Bowley and Sadeg M. Faris
Title	ELECTRICALLY CONTROLLABLE, VARIABLE REFLECTING ELEMENT

## PRIORITY INFORMATION:

This application is a [\*\*continuation/divisional/continuation-in-part\*\*] of and claims priority from United States patent application [\*\*SERIAL NUMBER\*\*], filed [\*\*FILING DATE\*\*].

This application claims priority from United States provisional patent application [\*\*SERIAL NUMBER\*\*], filed [\*\*FILING DATE\*\*].

This application claims priority from prior foreign patent application [\*\*SERIAL NUMBER\*\*], filed [\*\*FILING DATE\*\*], in [\*\*COUNTRY\*\*].

## APPLICATION ELEMENTS:

Cover sheet	1 page
Specification	26 pages
Claims	11 pages
Abstract	1 page
Drawing	7 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	6 pages
Statement Deleting Inventors	[**] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages

TODAY'S DATE  
03/28/2001

Sequence Listing on Diskette	[**] disk
Small Entity Status, which is: <input checked="" type="checkbox"/> This application is entitled to Small Entity Status.	
Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
Assignee's Statement	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$355.00	\$355.00
Excess Claims Fee: $51 - 20 = 31 \times \$9$	\$279.00
Excess Independent Claims Fee: $7 - 3 = 4 \times \$40$	\$160.00
Multiple Dependent Claims Fee: \$130.00	\$130.00
Total Fees:	\$924.00
<input checked="" type="checkbox"/> Enclosed is a check for \$924.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 03-2095.	
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<u>Mary Rose Scozzafava</u> Signature	<u>January 18, 2001</u> Date

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